Medical Information Form

The collection and retention of the information requested on this form is authorized and governed by the Ontario *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act.*

The following information will be helpful to the teacher in making your child/ward comfortable and safe.

Student:______________________________ Date of Birth:____________

Teacher:______________________________ Grade/Class:____________

Parent/Guardian:______________________ Telephone: (H)__________ (B)__________

Street:__________________ City:__________________ Postal Code:__________

Ontario Health Number:__________ Family Doctor:__________ Telephone:__________

Medical Conditions

Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's/ward's full participation in excursions/school activities.

- ❑ Asthma
- ❑ Chronic Nosebleed
- ❑ Diabetes
- ❑ Digestive upsets
- ❑ Ear, Nose, Throat infections
- ❑ Fainting Spells
- ❑ Feet or Leg problems
- ❑ Hemophilia/Bleeding disorders
- ❑ Heart problems
- ❑ Hernia
- ❑ History of head injuries
- ❑ Migraine
- ❑ Rash
- ❑ Recent illness or operation
- ❑ Other__________
- ❑ Rheumatic Fever
- ❑ Seizures
- ❑ Sleepwalking
- ❑ Urinary infections
- ❑ Dislocated shoulder; swollen, painful joints; 'trick or lock' knee or other joint disability

Give details of usual treatment for each of the above conditions indicated:__________

Please explain if your child/ward has any medical condition that requires any modification of his/her program:__________

Allergies/Asthma

Please list all known confirmed allergies to the following: (Food, Medications, Bees, Wasps, Environmental Allergies, etc.)

____

If the allergies are life-threatening, please explain the symptoms and the treatment:__________

Has your child/ward suffered any serious allergic or asthmatic reaction?
If so, please provide details, including the type and severity of reaction:__________
Is allergy considered: Mild____ Moderate____ Serious____ Life-Threatening____
Has a doctor prescribed an Epi-Pen for your child/ward? Yes____ No____ (Prescribed Epi-Pens must be carried by the student)
Has a doctor prescribed an inhaler for any reason? Yes____ No____ (Prescribed asthma inhalers must be carried by the student)

Dietary Restrictions

Please indicate with an "X" any foods your child/ward should not eat for medical, dietary, or religious reasons.
If your child/ward requires Halal food, please mark with an "X":

Requires Halal

No Beef	No Pork	No Chicken /Turkey	No Fish	No Dairy	No Dairy as an Ingredient	No Milk	No Milk as an Ingredient	No Egg	No Egg as an Ingredient	No Nuts	Is there any other information about your child's dietary needs that we should know? (e.g., No meat on Tuesday)

Medication

Does your child/ward take prescribed medication on a regular basis? Please specify:__________
What prescribed medication(s) should your child/ward have with him/her during the excursion?__________

General

(1) Does your child/ward wear or carry medical alert identification (e.g., bracelet)? Yes____ No____
If yes, please specify what is written on it:__________
(2) Does your child/ward have any other relevant medical condition that will require modification of the program? Yes____ No____
If yes, please explain:__________
(3) Does your child/ward have any special fears or conditions (e.g., anxiety, bed-wetting, nightmares), the knowledge of which will allow the teacher to make the student's excursion more relaxed? Yes____ No____ If yes, please explain:__________

Should it become necessary for my child/ward to have medical care, I hereby give the teacher permission to use her/his best judgment in obtaining the best of such service for my child/ward. I also understand that in the event of such illness or accident, I will be notified as soon as possible.

Name of Parent/Guardian:______________________________ *(Please print)*

Signature of Parent/Guardian:______________________________ Date:__________